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## "FEE ADDRESS" INDICATION FORM

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INSTRUCTIONS: Only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patenites would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application.  When to check the first box below: If the fee address for the patent and/or application number(s) you indicate is to be established with, or changed to, an existing Customer Number.  When to check the second box below: If a Customer Number representing the fee address has to be established so it can then be associated with the patent and/or application number(s) you indicate. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.	
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Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s).	
PATENT NUMBER (if known)	APPLICATION NUMBER
7,403,191	10/767,291
Completed by (check one):	
Applicant/inventor	Signature
Attorney or Agent of record34618 (Reg. No.)	Daniel L. Hayes Typed or printed name
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	3.71. 509-324-9256 Requester's telephone number
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NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below."	
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This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is the tight by the upon't of process) on application. Confidentiality is governed by \$3 US. C. 1.22 and \$3 CFR 1.13 and 1.14 This collection is estimated to false to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commented to the amount of time you require to complete life form address required into the formation. Officer of the information. Officer U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA. 2231-3450. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS SEND TO: Mail Stop M Gorrespondence, commissioner for Patients, P.O. Box 1450, Alexandria, VA. 2231-3450.

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